

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-978)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2							52						
3	/		/		/		53						
4	/		/		/		54						
5	/		/		/		55						
6	/		/		/		56						
7	/		/		/		57						
8	/		/		/		58						
9	/		/		/		59						
10	/		/		/		60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15	4		4		4		65						
16	2		2		2		66						
17	4		2		2		67						
18	4		2		2		68						
19	4		2		2		69						
20	4		4		4		70						
21	/		/		/		71						
22	/		/		/		72						
23	2		2		2		73						
24	1		1		1		74						
25	2		2		2		75						
26	2		2		2		76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		3		4		TOTAL IND.						
TOTAL DEP.	25		44		32		TOTAL DEP.						
TOTAL CLAIMS	47		47		37		TOTAL CLAIMS						

PTO-780 (5-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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